

Office Use Only
MSR Name: _____
Document Type: <u>Account Change Form</u>
Date processed _____

PUBLIX EMPLOYEES FEDERAL CREDIT UNION
ACCOUNT CHANGE FORM

This form may be used to change your name on any of your existing accounts. Complete only the applicable portions of this form.

If not appearing in person, mail to the nearest PEFCU branch office with a photo copy of your identification. Identification accepted: Valid Driver's License or State ID. This form will not be processed without proper identification.

NAME: _____	DATE: _____
ACCOUNT # _____	SSN # _____

CHANGE NAME - In addition to your photo ID, proof of the name change must be submitted by providing a copy of your new social security card, court order OR marriage license.

Please change my name from _____ to _____.

I currently have a Visa Debit, PEFCU ATM, and/or Visa Credit Card. By initialing below I agree to the Governing law and terms and conditions on my original Debit, ATM and/or Credit Card application(s). I request the card(s) to be reissued in my new name.
Initials required next to the card(s) being replaced.

_____ Visa Debit card _____ PEFCU ATM card _____ Visa Credit Card

Additional account number(s) _____

I would like to order a box of checks in my new name. (Check fees apply.)

I have a Safe Deposit Box and need the additional documentation to change my name on the box.

I have an IRA and need the additional documentation to change my name on the IRA account.

REQUIRED SIGNATURE(S)

By Signing this form I agree to the terms and conditions found in the "Important Account Information" Brochure and the Governing Law on my original Membership, VISA Debit, ATM, and/or Visa Credit Card application(s).

Owner signature: _____

Office Use Only
MSR Name: _____
Document Type: <u>Update Beneficiary Form</u>
Date processed _____

PUBLIX EMPLOYEES FEDERAL CREDIT UNION

UPDATE BENEFICIARY FORM

The Beneficiary(ies) listed below will be added to ALL share accounts listed under your base account number.

The Beneficiary(ies) listed on this form will replace any Beneficiary(ies) you may have previously listed on the account. ***IF YOU DO NOT WANT A CURRENT BENEFICIARY TO BE REMOVED, THEY MUST BE LISTED ON THIS FORM.***

If not appearing in person, mail to the nearest PEFCU branch office with a photo copy of your identification. Identification accepted: Valid Driver's License or State ID. This form will not be processed without proper identification.

NAME: _____	DATE: _____
ACCOUNT # _____	SSN # _____

Beneficiary Full Name	Complete Address	DOB	Social Security No.	Relationship

REQUIRED SIGNATURE(S)

All owners on the account must sign this form.

By Signing this form I agree to the terms and conditions found in the "Important Account Information" Brochure and the Governing Law on my original Membership application.

Owner signature: _____ Owner signature: _____

Owner signature: _____ Owner signature: _____